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	UNITED STATES BANKRI EASTERN DISTRICT Richmond I	UPTCY COUI OF VIRGINI Division	FILED PAITFEB 15 PM 2: 36
	CHAPTER 13 P AND RELATED MO		Collineral Livies
Name of Debtor(5):	Case No:	17-30663
	e first Chapter 13 Plan filed in the	is case.	
a	modified Plan that replaces the		
	\square confirmed or \square unconfirmed	d Plan dated	
D	ate and Time of Modified Plan Co	nfirmation Hear	ring:
	lace of <u>Modified Plan</u> Confirmation	n Hearing:	
The Pl	an provisions modified by this fili	ng are:	

NOTICE: YOUR RIGHTS WILL BE AFFECTED. You should read these papers carefully. If you oppose any provision of this Plan, or if you oppose any included motions to (i) value collateral, (ii) avoid liens, or (iii) assume or reject unexpired leases or executory contracts, you MUST file a timely written objection.

Creditors affected by this modification are:

This Plan may be confirmed and become binding, and the included motions in paragraphs 3, 6, and 7 to value collateral, avoid liens, and assume or reject unexpired leases or executory contracts may be granted, without further notice or hearing unless a written objection is filed not later than seven (7) days prior to the date set for the confirmation hearing and the objecting party appears at the confirmation hearing.

Priority Creditors. The Trustee shall pay allowed priority claims in full unless the creditor agrees

The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to

_____. The total amount to be paid into the Plan is

Purchase Date Est. Debt Bal. Replacement Value

0,00 0,00 (I don't have a loan on My home)

Funding of Plan. The debtor(s) propose to pay the Trustee the sum of \$________ for _____ months. Other payments to the Trustee are as follows:

Administrative Claims under 11 U.S.C. § 1326.

The debtor(s)' schedules list assets and liabilities as follows:

Claims under 11 U.S.C. § 507.

Total Non-Priority Unsecured Debt:

Total Assets:

otherwise.

1.

2.

A.

B.

Creditor

1.

2.

Total Priority Debt: Total Secured Debt:

	other prior pursuant t	ing priority creditors will trity creditors or in monthly to 11 U.S.C. § 507(a)(1) with administrative claim	y installments as below vill be paid prior to othe	, except that allowed claims	
	Creditor	Type of Priority	Estimated Claim	Payment and Term	00 /01
	Trustee	Chapter 13	\$2000	-0,00 Stadu Chu	ON DY ON OF Money
3.		rs: Motions to Value Col tion Payments, and Pay		'), Collateral being Surrendered ared Claims.	i, ette
	U.S.C. § 1 written o	l322(b)(2) or by the fin	nal paragraph of 11 U with the Court, the C	ted from "cramdown" by 11 I.S.C. § 1325(a)). Unless a ourt may grant the debtor(s)'	
	than claims protect principal residence 910 days or any of replacement value	ted from "cramdown" by e] or by the final paragrap ther thing of value purcha e is asserted to be less tha	11 U.S.C. § 1322(b)(2) h of 11 U.S.C. § 1325(used within 1 year befor in the amount owing or	and/or personal property, other [real estate which is debtor(s)' a) [motor vehicles purchased within e filing bankruptcy], in which the a the debt. Such debts will be	
	value will be paid to section 3(D) b	d with interest as provi pelow to determine the	ded in sub-section D interest rate, month	ent value of the collateral. Tha of this section. You must refer ly payment and estimated term palance owed on such a loan wi	1

be treated as an unsecured claim to be paid only to the extent provided in section 4 of the

Plan. The following secured claims are to be "crammed down" to the following values:

Page 2 of 6

Collateral

В. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay as to the interest of the debtor(s) and the estate in the collateral.

Adequate Protection Payments.

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 3(D) and/or 6(B) of the Plan, as follows:

Creditor

Protection Monthly Payment To Be Paid By
66.33—I HA NOT GAT NAS
Know about \$115 balance,

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 6(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

D. Payment of Secured Claims on Property Being Retained (except only those loans provided for in section 5 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

Creditor

<u>Collateral</u>

Approx. Bal. of Debt or "Crammed Down" Value Interest

Monthly Payment & Est. Term

Other Debts,

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' primary residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 5 of the Plan.

4. Unsecured Claims.

A. Not separately classified. Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately _________%. The dividend percentage may vary

B. Separately classified unsecured claims.

Creditor Basis for Classification Treatment

Brookley Lien on my Chapter B

Washanizel Name

- 5. Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Primary Residence; Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).
 - A. Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee. The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement.

Monthly Requiar Arrearage Contract Estimated Interest Estimated Arrearage Creditor Collateral <u>Payment</u> <u>Arrearage</u> Rate Cure Period <u>Payment</u> No creator No collaborary

B. Trustee to make contract payments and cure arrears, if any. The Trustee shall pay the creditors listed below the regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below.

C. Restructured Mortgage Loans to be paid fully during term of Plan. Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows:

Interest Estimated Monthly

Creditor Collateral Rate Claim Payment & Term

Brown W. 15, USU 100,000 a W.,

We have the control of the control

6. Unexpired Leases and Executory Contracts. The debtor(s) move for assumption or rejection of the executory contracts and leases listed below.

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following ex	recutory contracts:			
Creditor No Wolfe	Type of Contract グ ø の る	Ident	house	execution continons,

Executory contracts and unexpired leases to be rejected. The debtor(s) reject the

B. Executory contracts and unexpired leases to be assumed. The debtor(s) assume the following executory contracts. The debtor(s) agree to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

Creditor Type of Contract Arrearage for Arrears Cure Period

Loude have any excusory doubteness and unexpend Leuses,

Liens Which Debtor(s) Seek to Avoid.

A.

A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

Creditor Collateral Exemption Basis Exemption Amount Value of Collateral

Modular My home EMOHON \$1355,000 \$1365,000

Modular School Sc

B. Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate pleadings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

Creditor Type of Lien & Med Description of Collateral

Brown I B. G. Lalace

Maximum Languit Lalace

Basis for Avoidance

My Jobshef 18 Usabel

CINS I am facing every

From My home,

- 8. Treatment and Payment of Claims.
 - All creditors must timely file a proof of claim to receive any payment from the Trustee.
 - If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
 - If a claim is listed in the Plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
 - The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.

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- 9. **Vesting of Property of the Estate.** Property of the estate shall revest in the debtor(s) upon confirmation of the Plan. Notwithstanding such vesting, the debtor(s) may not sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness 10. ١e

	unsecured or secured against personal Trustee, any creditor who has filed a the Local Rules of this Court.	000 principal amount during the term of this Plan, either all property, except upon approval of the Court after notice to the request for notice, and other creditors to the extent required by
11,	Other provisions of this Plan: I I work 40 a WK, a I will keep a record of	Will LOOK FOR a full time 1864 of a full time 1864 of a full time who were and sure to a full time time time time time time time time
Signat Dated	9/15/17.	
Debto	ir	Debtor(s)' Attorney
Joint I	Debtor	
Exhibi	its: Copy of Debtor(s)' Budget Matrix of Parties Served w	
		Certificate of Service
parties	I certify that on <u>157</u> s in interest on the autached Service Lis	Mooliea Signature 400 Step Meason Road Address Millethion, VA 2014
		Telephone No.

Ver. 09/17/09 [effective 12/01/09]

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Fill in this information to identify	vour case:				
Debtor 1 First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:	District of				
Case number (If known)			1 _	neck if this is:	
				l An amended filing l A supplement showing po	netnetition chanter 13
				income as of the following	
Official Form 106l	-			MM / DD / YYYY	
Schedule I: You	ır Income				12/15
Be as complete and accurate as posupplying correct information. If yell f you are separated and your spot separate sheet to this form. On the Part 1: Describe Employment	ou are married and not fil use is not filing with you, top of any additional pag	ing jointly, and yo do not include in	our spouse is livir formation about y	ig with you, include information our spouse. If more space is	tion about your spouse. s needed, attach a
Fill in your employment		Debtor 1		Debtor 2 or nor	n-filing snouse
information.				200101 2 01 1101	-ming spoudo
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed Not employ	∕ed	☐ Employed ☐ Not employe	d
Include part-time, seasonal, or self-employed work.		01121	-7		
Occupation may include student or homemaker, if it applies.	Occupation	Dency	ac_		
or nomemaker, is it applies.	Employer's name	Liege	<u> </u>		
	Employer's address	14/61	Midellian		
		Number Street	10 Malal	Number Street	
		Amilyi	20172	year,	
			2112	<u> </u>	
		TAMONIA	4 VIV 0/2	City	State ZIP Code
	How long employed the	re? 412 V	looke	City	Oute In Code
	The second entitles and mid-	1142	THE STATE OF THE S		
Part 2: Give Details About	Monthly Income				
Estimate monthly income as of spouse unless you are separated		n. If you have noth	ing to report for any	vine, write \$0 in the space. In	dude your non-filing
If you or your non-filing spouse habelow. If you need more space, a	ave more than one employe ttach a separate sheet to th	er, combine the info is form.	ormation for all emp	loyers for that person on the li	ines
•			For Deb	for 1 For Debtor 2 or non-filing spouse	
List monthly gross wages, saldeductions). If not paid monthly,	ary, and commissions (be calculate what the monthly	fore all payrofl wage would be.	2. \$ 00	DD \$	
3. Estimate and list monthly over	time pay.		3. +\$ D10	<u> </u>	·
4. Calculate gross income. Add lin	ne 2 + line 3.		4. \$ 1.00	O	.]

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De	btor 1			Case number (#Inown)	
		First Name Middle Name Last Name				
				For Debtor 1	For Debtor 2 or non-filing spouse	
	Cop	y line 4 here	→ 4.	s 1890	\$	
5.	List	ali payroll deductions:		/		
		• •	e-	1000	•	
		Tax, Medicare, and Social Security deductions	5a. 5b.	3000	\$	
		Mandatory contributions for retirement plans	5c.	1000	\$ \$	
		Voluntary contributions for retirement plans Required repayments of retirement fund loans	5d.	5 DOD	\$	
		Insurance	5e.	5500		
		Domestic support obligations	5f.	(Del)	\$ \$	
			-	0.00	•	
	_	Union dues	5g.	000	Ψ	
	5h.	Other deductions. Specify:	5h.	+\$ (10)	+ \$	
6	. Ad	d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	s BOD	\$	
7	. Cai	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ DOOLGO	\$	
8.	List	all other income regularly received:				
	8a.	Net income from rental property and from operating a business, profession, or farm				
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	s 0,00	\$	
	8b.	Interest and dividends	8b.	s(2100)	\$	
	8c.	Family support payments that you, a non-filing spouse, or a dependent	nt	-		
		regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ 0.00	\$	
	84	Unemployment compensation	8d.	s (2) (27)	\$	
		Social Security	8e.	SOIPP	\$	
	8f.	Other government assistance that you regularly receive			· — <u> </u>	
	•	Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	ce	20.00		
		Specify:	8f.	\$	\$	
	8g.	Pension or retirement income	8g.	\$ <i>Q1</i> QQ	\$	
	8h.	Other monthly income. Specify:	8h.	+ :0:00 301	D -s	
9.	Add	d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$30,00	\$	
10,		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	s95,00 +	\$=	: \$
11.	Stat	e all other regular contributions to the expenses that you list in Sched	ule J.			<u> </u>
	frien	ide contributions from an unmarried partner, members of your household, ye ds or relatives.				
	Do n	ot include any amounts already included in lines 2-10 or amounts that are r	not ava	ailable to pay expenses	s listed in Schedule J.	
	Spec				. 11. +	\$
12.	Add Write	the amount in the last column of line 10 to the amount in line 11. The retains amount on the Summary of Your Assets and Liabilities and Certain St	result i <i>tatistic</i>	is the combined month al Information, if it appl	ly income. lies 12.	85500
						Combined monthly income
13	.Do ;	you expect an increase or decrease within the year after you file this fo	orm?			,,,cquii ji incone
		Yes. Explain:				
		L				

Fill in this information to identify	y your case:			
Debtor 1		Check if this	o io:	
First Name Debtor 2	Middle Name Last Name			
(Spouse, if filing) First Name	Middle Name Last Name	———	nged liling ement showing post	petition chapter 13
United States Bankruptcy Court for the:	District of		es as of the following	•
Case number (If known)		MM / DD	/	
Official Form 106J	_			
Schedule J: Yo	ur Expenses			12/15
	ossible. If two married people are fill led, attach another sheet to this form	=		=
Part 1: Describe Your Ho	usehold			
1. is this a joint case?				
No. Go to line 2. Yes. Does Debtor 2 live in a	separate household?			
No No Yes. Debtor 2 must fi	le Official Form 106J-2, Expenses for S	eparate Household of Debtor 2.		
2. Do you have dependents?	D No	Dependent's relationship to	Dependent's	Does dependent live
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2	age	with you?
Do not state the dependents' names.				☐ No ☐ Yes
				☐ No ☐ Yes
				□ No
				Yes
				□ No
				∐ Yes
				LiNo DiYes
Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongo	No Yes Ing Monthly Expenses			· _ · · · · · · · · · · · · · · · · · ·
	r bankruptcy filing date unless you a			
expenses as of a date after the bar applicable date.	nkruptcy is filed. If this is a suppleme	ntal Schedule J, check the box a	at the top of the form	and fill in the
•	n-cash government assistance if you		Your exper	ncap.
	it on Schedule I: Your Income (Office		Tour exper	1505
 The rental or home ownership of any rent for the ground or lot. 	expenses for your residence. Include	first mortgage payments and	4. \$ 993	160_
If not included in line 4:			50	$\mathcal{O}(1)$
4a. Real estate taxes			4a. \$	00
4b. Property, homeowner's, or r			4b. \$ 170	5-2000
4c. Home maintenance, repair,			4c. \$ 450	NO YEAR
 4d. Homeowner's association or 	condominium dues		4d. \$	

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De	Sebtor 1 Case number (If low	wn)	
	First Name Middle Name Last Name		
			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$
6.	Utilities:		1000
	6a. Electricity, heat, natural gas	6a.	s 90,00
	6b. Water, sewer, garbage collection	6b.	s 10,00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	s 045,00
	6d. Other. Specify:	6d.	\$
7.	Food and housekeeping supplies	7.	s_000100_
8.	Childcare and children's education costs	8.	s_0,00_
9.	Clothing, laundry, and dry cleaning	9.	: 20,00
10.	Personal care products and services	10.	s_/0,00
11.	Medical and dental expenses	11.	: 50,00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	: 10,00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	s_0,00
14.	Charitable contributions and religious donations	14.	10,00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	s 0,00
	15b. Health insurance	15b.	s - 2,00
	15c. Vehicle insurance	15c.	\$
	15d. Other insurance. Specify:	15d.	\$_0,00 -
6.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	s_0,00
7.	Installment or lease payments:		<i>O O</i> -
	17a. Car payments for Vehicle 1	17a.	s 0,00
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify:	17c.	5 Q100
	17d. Other. Specify:	17d.	5_C/OO_
8.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	: 0,00
9.	Other payments you make to support others who do not live with you.		00
	Specify:	19.	\$_QQQ
0.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income	₽.	Boo
	20a. Mortgages on other property	20a.	s 0,00
	20b. Real estate taxes	20b.	\$_0,00
	20c. Property, homeowner's, or renter's insurance	20c.	\$_0,00
	20d. Maintenance, repair, and upkeep expenses	20d.	s_0,00
	20e Homeowner's association of condominium dues	20a.	\$ 6000

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De	ebtor 1	First Nam	ne -	Middle Name	Cast Nam	ne			Case number (if Imor	MT)	
21.	Oth	er. Specify:				···				21.	+s_000
22.	Cak	culate your	month	nty expenses							120000
	22a.	. Add lines 4	throug	gh 21.						22a.	1002
	22b.	. Copy line 2	2 (moi	nthly expense	s for Debtor	2), if any, f	rom Official Fo	orm 106J-2		22b.	5 1 2 12 VICOK
	22c.	Add line 22	a and	22b. The resu	lt is your mo	nthly expe	nses.			22c	1767,979
23.	Calc	ulate your n	nonthi	y net income	·.						2000
	23a.	Copy line 1	12 (γοι	ır combined m	onthly incom	ne) from So	chedule I.			23a.	\$ 10,00
	23Ь.	Copy your	month	ly expenses fi	om line 22c	above.				23b.	-\$ 190,987 2,000
	23c.	-		nthly expense monthly net i	-	monthly inc	come.			23c.	s 453,477
								_			#2190,00
24.	Do y	ou expect a	n inch	ease or decre	ease in your	expenses	within the ye	ear after you fl	lle this form?		
			-				-	ar or do you ex; e terms of your			
	D N	0									
	D Pe	es. Expl	ain her	e: Ibi M Oone	spect	my ga	mostga modifi	ige pay	funant d		rese because

17-30663-KRH Jeanita Nicole Madison

Case type: bk Chapter: 13 Asset: Yes Vol: v Judge: Kevin R. Huennekens Date filed: 02/10/2017 Date of last filing: 02/13/2017

Creditors

BALLATO LAW FIRM

3721 WESTERRE PARKWAY, SUITE A (13755739)

HENRICO, VIRGINIA (cr)

RICHMOND, VA 23233

BRADLEY MECHANICAL CO., LLC

P.O. BOX 353 (13755738) MIDLOTHIAN, VA (cr)

MIDLOTHIAN, VA 23113

PORTFOLIO RECOVERY ASSOCIATES, LLC

120 CORPORATE BOULEVARD (13755740)

NORFOLK, VA (cr)

NORFOLK, VA 23502